



UPSON
Regional Medical Center

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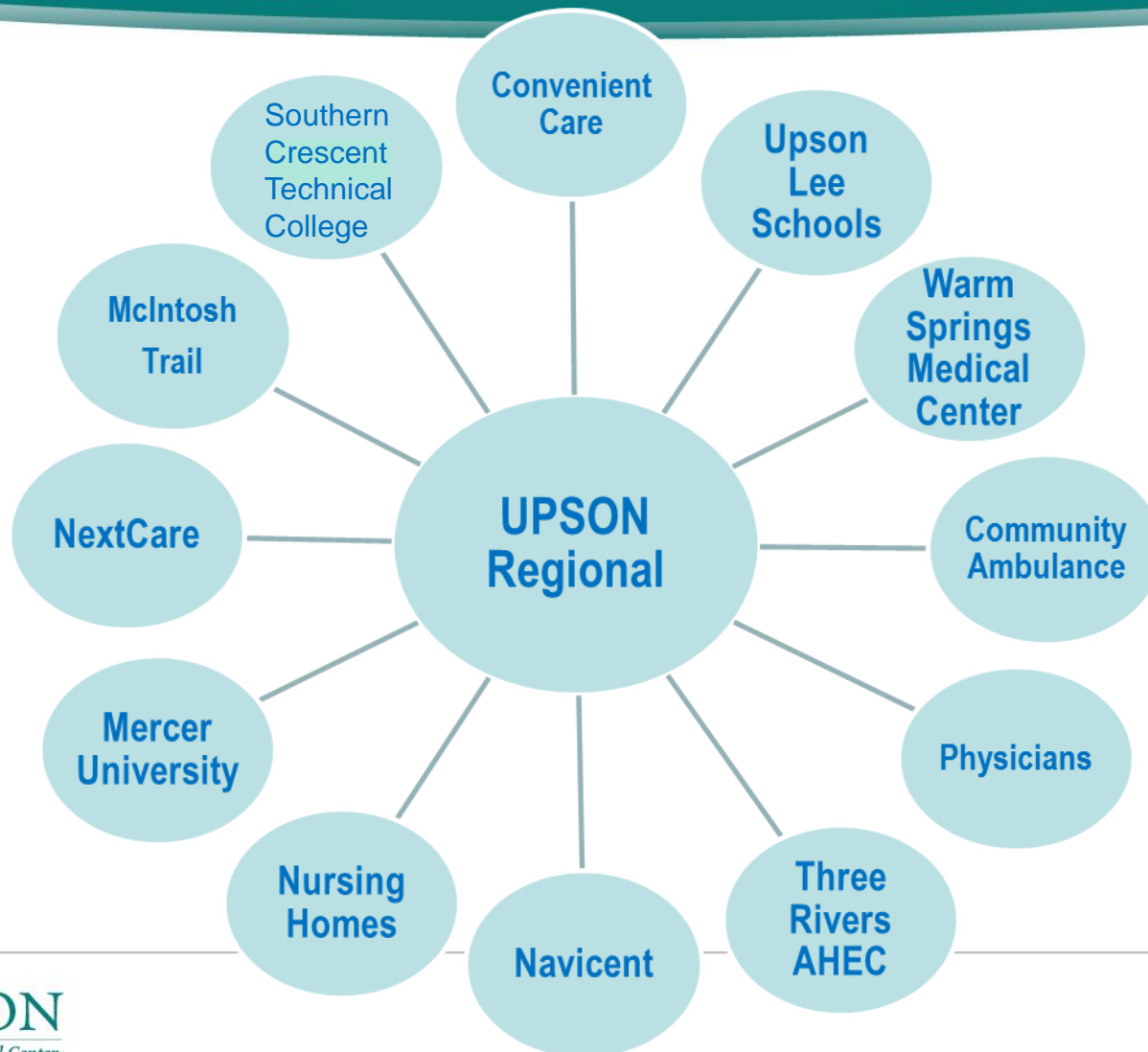
UPSON

Rural Hospital Stabilization Report

November 2018

Rural Hospital Stabilization Program

Upson County Team



Four Major Projects

- Care Coordination
 - Mobile Integrated Health
 - Warm Springs Medical Center Investment
 - StuderGroup Transitions of Care
- Telemedicine
 - Upson-Lee School System Investment
 - Maternal Fetal Medicine
 - EKGs from the Field
- Geri-Psych
- Medical Student Pipeline
 - Club Med
 - Mercer University Partnership

Upson. Care Coordination.

Budget: \$210,500

Project Aim: Reduce Inappropriate ER Utilization

Need: In 2016, 7 patients had 246 ER visits

Approach: At-Risk partnership with Community Ambulance on a Mobile Integrated Health program. Upson pays \$500 per enrollee and a percentage of cost avoidance

Results: Reduced Utilization of 7 targeted patients to 11 visits; with about \$500,000 in cost avoidance (reduction in bad debt)

The Initial Seven

ED Visits

Pre-Enrollment	Enrollment Date	During Enrollment	% Change	Graduation Date	Post Graduation	% Change
33	04/12/17	17	-48.48%	11/01/17	2	-93.94%
35	04/14/17	10	-71.43%	09/26/17	1	-97.14%
49	04/25/17	15	-69.39%	10/27/17	1	-97.96%
29	04/12/17	3	-89.66%	09/18/17	6	-79.31%
30	08/29/17	0	-100.00%	09/18/17	0	-100.00%
17	08/29/17	0	-100.00%	09/18/17	1	-94.12%
53	07/07/17	7	-86.79%	09/19/17	0	-100.00%

Expenditure Savings Analysis

Expenditure Savings Analysis (1) EMS Loyalty Program				
Based on Medicare Rates				
Analysis Dates:		April 1, 2017 – September 30, 2018		
Number of Patients(2):		5		
MIH 911 Transports to ED				
Category		Base	Avoided	Savings
Ambulance Charge		\$1,257.00	38	\$47,766.00
Ambulance Payment(3)		\$371.00	38	\$14,098.00
ED Charges		\$2,400.00	163	\$391,200.00
ED Payment(4)		\$774.00	163	\$126,162.00
ED Bed Hours(5)		0	630	0
Total Charge Avoidance				\$438,966.00
Total Payment Avoidance				\$140,260.00
Per Patient Enrolled				
Charge Avoidance				\$87,793.20
Payment Avoidance				\$28,052.00
Notes:				
1. Comparison based on use for 12 months prior to enrollment vs. 12 months after MIH graduation				
2. Patients with data 12 months before and after graduation				
3. Average Medicare payment received by Community Ambulance				
4. Base expenditures derived by AHRQ reports				
5. Based on mean LOS for ED visit. Source document is US National Library of Medicine, National Institutes of Health.				

Expenditure Savings Analysis

(5) RESULTS

A total of 1,689 8-hour shifts were analyzed during the study period. The mean number of patient visits per 8-hour shift was 54.2, and the mean LOS was 232 minutes for all patients, whether they were admitted, discharged, or transferred. Hospital occupancy was high during the study period with a mean of 94.9% and a range of 67.6% and 112.1%. The measure may exceed 100% since the numerator is the sum of patients physically in beds at midnight plus the number of patients discharged in the previous 24 hours. We could not demonstrate a nonlinear effect of occupancy on LOS after analyzing residuals and considering a quadratic term for occupancy in the models. The residual plots looked good and showed no signs of heteroscedasticity. The quadratic term was not significant, and the fit of the model by AIC was not improved significantly when it was added. The mean number of elective surgical admissions was 24 per 24-hour period. As expected, shift 2 was the busiest in terms of numbers of discharged patients, admissions, ICU admissions, and resuscitation cases.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3415804/>

Cost Avoidance

SAMPLE COST AVOIDANCE FORMULA

(Total ER Visits in 12 months prior to enrollment x ER charge per visit) = Total Pre-Enrollment ER Charges	\$350,400.00
(Total ER Visits in 12 months post graduation x ER charge per visit) = Total Post-Graduation ER Charges	\$122,400.00
Total Pre- Enrollment ER charges- Total Post-graduation ER charges= Total ER Charge Avoidance	\$228,000.00
Total ER Charge Avoidance X .139 = Compensation Due to Community Ambulance MIH Program	\$31,692.00

Community
AMBULANCE





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